

MARK E. SOUDER  
3RD DISTRICT, INDIANA

GOVERNMENT REFORM COMMITTEE

SUBCOMMITTEE ON CRIMINAL JUSTICE,  
DRUG POLICY AND HUMAN RESOURCES  
CHAIRMAN

RESOURCES COMMITTEE

SELECT COMMITTEE ON  
HOMELAND SECURITY

SPEAKER'S DRUG TASK FORCE  
CO-CHAIRMAN

**Congress of the United States**  
**House of Representatives**  
Washington, DC 20515

May 27, 2005

Ms. Linda Belton  
Director  
VISN 11 Healthcare Network  
P.O. Box 134002  
Ann Arbor, MI 48113-4002

Dear Director Belton:

It has come to my attention that a certain number of oncology patients that used to receive treatment in the Fort Wayne community are now being sent to Indianapolis for care. This transfer of patients is not in the best interest of the veterans, many of whom have to travel long distances for treatment for days and weeks at a time. It also seems to contradict the intention of VISN 11 (as a part of the CARES decision) to retain—and expand—outpatient care in Fort Wayne.

In November, a member of my staff met with the leadership of the Fort Wayne VA hospital to convey my concerns about the decision to transfer oncology patients to Indianapolis. In response, Dr. Michael Murphy sent a letter explaining the details of the decision, essentially saying that due to the increasing numbers of oncology patients and the costs these patients incur, the Northern Indiana Health Care System (NIHCS) could no longer commit to a contract for more than 50 patients with Radiation Oncology Associates in Fort Wayne. Dr. Murphy went on to explain that the Indianapolis VAMC had the capacity to treat ten of the least complex patients (the problem of which is that conditions change, often rapidly) and that those patients would receive lodging at no cost.

Now that several months have passed, I am requesting an update on how the transfer of patients is working from the department's perspective and the savings that have been seen by NIHCS and VISN 11 overall. Specifically, please send a detailed account of the following information:

- 1) the number and types of VA oncology patients that have been treated in Fort Wayne at Radiation Oncology Associates
- 2) the number and types of oncology patients from the NIHCS market that have been treated in Indianapolis

WASHINGTON OFFICE:  
2231 RAYBURN HOUSE OFFICE BUILDING  
WASHINGTON, DC 20515  
(202) 225-4436

DISTRICT OFFICES:  
E. ROSS ADAIR FEDERAL BUILDING  
1300 SOUTH HARRISON STREET, ROOM 3105  
FORT WAYNE, IN 46802  
(260) 424-3041  
(800) 959-3041  
FAX: (260) 424-4042

FIRST SOURCE BANK BUILDING  
102 WEST LINCOLN AVENUE, SUITE 250  
GOSHEN, IN 46526  
(574) 533-5802  
(800) 959-3041

THE BOATHOUSE  
700 PARK AVENUE, SUITE D  
WINONA LAKE, IN 46590  
(574) 269-1940  
(800) 959-3041

[www.house.gov/souder](http://www.house.gov/souder)

3) the costs incurred (including any travel or lodging) by NIHCS or Roudebush VAMC for treating each of these patients

For numbers one and two, if the patients treated in Indianapolis number more than 10 or are more complex than early stage prostate cancer (as mentioned in the letter from Dr. Murphy), please explain why. Furthermore, please explain how it was determined to send those patients to Indianapolis. For number three, please provide a detailed account of the cost of services and an explanation for how the referral of patients to Indianapolis is saving VISN 11 money overall. Also, please include information about any discussions held with the oncology patients regarding the additional costs or difficulties they may have incurred in transferring to Indianapolis, including transportation costs, costs or difficulties associated with any cancelled or changed appointments, and costs or difficulties associated with having access to family members during their treatment.

While I understand VISN 11 has a limited budget, I am displeased with the way in which it seems to be allocating the funding with a heavier weight toward Indianapolis than the Northern Indiana Health Care System. If the need is greater for oncology treatment—or any other medical procedure—in Fort Wayne than was originally expected, VISN 11 should adjust its allocation to better meet the needs of patients in a particular area. Or, if it truly is less expensive to send patients to Indianapolis because Roudebush has its own radiation oncologists on staff, why isn't the Fort Wayne hospital considering the option of hiring its own radiation oncologist? Furthermore, when the Fort Wayne hospital has a particular need—whether it be the equipment and facilities to perform radiation therapy or some other particular need—I would appreciate being informed of such deficiencies as I may be able to help through a Congressional appropriation.

America's veterans have served our country well at the risk of their own lives. They deserve the highest quality health care through our Veterans health care system, and it disturbs me to see decisions being made purely on a fiscal basis with a bias toward transferring patients to Indianapolis instead of exploring other local alternatives that may, in fact, provide better treatment for veterans at a similar cost.

Thank you for your attention to this matter. I look forward to receiving your response.

Sincerely,



Mark Souder  
Member of Congress

Cc: Robert Beller  
Acting Director, Northern Indiana Health Care System